



PROGRAM ENROLLMENT AGREEMENT

(This document is legally binding, please read carefully)

Worcester Facility
116 Belmont St, Suite 14
Worcester, MA 01605
Tel: (508) 425-6644
Fax: (774) 272-9411
Email: nedentalacademy@gmail.com

PLEASE PRINT:

STUDENT INFORMATION	
FULL NAME: _____	
ADDRESS: _____	ZIP: _____
HOME TELEPHONE: _____	CELL: _____
EMAIL _____ (Please initial) _____ I am 18 years of age or older and am eligible to work in Massachusetts.	
EDUCATIONAL ENTRANCE REQUIREMENTS	
<input type="checkbox"/> HIGH SCHOOL DIPLOMA OR ITS EQUIVALENT (All Applicants must be 18 years of age or older to apply)	
NAME OF SCHOOL _____	YEAR COMPLETED: _____
OTHER REQUIREMENTS: EACH ENROLLING STUDENT IS REQUIRED TO HAVE SUFFICIENT TECHNOLOGY, SUCH AS A COMPUTER, LAPTOP OR IPAD.	
PROGRAM SELECTION	
PROGRAM:	
<input type="checkbox"/> DENTAL ASSISTANT (HYBRID)	CLOCK HOURS: 937 (457 Lecture /Lab/Online & Clinical, 480 Externship/Internship)
Total Course Fee: \$7,900	
TUITION FEE: \$ 6,000_	
BOOKS: \$ _____	
SUPPLIES: \$ 1,850_	
NON-REFUNDABLE ADMINISTRATIVE FEES: \$50.00	
TOTAL CHARGES: \$ 7,900_	
DISCOUNTS, IF ANY: \$ _____	
ADJUSTED TOTAL CHARGES: \$ _____	
ADDITIONAL ESTIMATED costs to be incurred by student outside of total charges:	
1. Course Book: \$150.00	
2. CPR: \$25.00	
3. State Radiology Exam: \$275.00- \$300.00	
4. Massachusetts Dental Assisting License fee \$60	
START DATE SELECTION Please select all that apply. Late registrations will not be accepted after 2 classes beyond the start date.	
Program Start Date: _____	Program Days: <input type="checkbox"/> MON/WEDS <input type="checkbox"/> TUES/THURS
Program End Date: _____	Time: <input type="checkbox"/> Morning Program _____ to _____
	<input type="checkbox"/> Evening Program _____ to _____

PAYMENT OPTIONS: DENTAL ASSISTANT PROGRAM	
We accept: <input type="checkbox"/> Credit Card <input type="checkbox"/> Checks <input type="checkbox"/> Cash	
<input type="checkbox"/> Option 1: \$7, 900.00 (Program paid in full)	
<input type="checkbox"/> Option 2: \$500.00 Deposit, 1 st payment of \$205.40 (due 1 week from the class start date) & 35 weekly payments of \$205.56.	
<input type="checkbox"/> Option 3: \$500.00 Deposit, 1 st payment of \$410.96 (due 1 week from the class start date) & 17 biweekly payments of \$411.12.	
There is a \$30 fee for all declined payments.	

Refund Law: Please read carefully, this agreement is not complete until signed & all forms completed by both parties, and a fully executed copy is provided to the student.

Relevant dates in
the column below.

REFUND LAW: (AS PER M.G.L. CHAPTER 255, SECTION 13K)

1. You may terminate this agreement at any time.	N/A
2. If you terminate this agreement within five days you will receive a refund of all monies paid, provided that you have not commenced the program. Refund Amount: \$7,900.00	
3. If you subsequently terminate this agreement prior to the commencement of the program, you will receive a refund of all monies paid, less the actual reasonable administrative costs described in paragraph 7. Refund Amount: \$7,850.00	
4. If you terminate this agreement during the first quarter of the program, you will receive a refund of at least seventy-five percent of the tuition, less the actual reasonable administrative costs described in paragraph 7. Refund Amount: \$5,887.50	
5. If you terminate this agreement during the second quarter of the program, you will receive a refund of at least fifty per cent of the tuition, less the actual reasonable administrative costs described in paragraph 7. Refund Amount: \$3,925.00	
6. If you terminate this agreement during the third quarter of the program, you will receive a refund of at least twenty-five percent of the tuition, less the actual reasonable administrative costs described in paragraph 7. Refund Amount: \$1,962.50	
7. If you terminate this agreement after the initial five-day period, you will be responsible for actual reasonable administrative costs incurred by the school to enroll you and to process your application, which administrative costs shall not exceed fifty dollars or five percent of the contract price, whichever is less. A list of such administrative costs is attached hereto and made a part of this agreement.	
8. If you wish to terminate this agreement, you must inform the school in writing of your termination, which will become effective on the day such writing is mailed.	N/A
9. The school is not obligated to provide any refund if you terminate this agreement during the fourth quarter of the program.	

Administrative Costs Equal: **\$50.00**

****Tuition credit calculations listed above are based on a percentage of tuition and may not reflect actual amount to be refunded. Actual amount refunded will be based on payments made to the institution. Specific dates indicated above are based on continuous enrollment from Class Start Date with all courses completed successfully, and are subject to change in the event of failed courses, leaves of absence or other unexpected breaks in attendance.**

*****Refund will be processed and returned/mailed within 45 days of the effective date of the termination, in the manner/method the initial payments were made.**

I have been provided a copy of the school's catalogue and policies in a manner of my choosing and I am initialing my choice:

hard copy send via email

Student's Initials

I understand this contract will not be in force and effect until signed by both myself and a school representative.

____ I have received a copy of the school's complaint procedures policy.

____ I understand the refund law as stated above.

____ I understand that coursework and/or credit from this school may not be transferable to other Institutions of education and acceptance is at the discretion of the receiving institution.

This school is licensed by the Massachusetts Division of Occupational Licensure's Office of Private Occupational School Education. Any comments, questions, or concerns about this school's license should be directed to occupational.schools@mass.gov or 617-701-8719.

Any changes, addendums, or additions made subsequent to the signing of the enrollment agreement must be in writing and signed by both the school and the student and are subject to the regulations of 230 CMR 15.04.

You have the right to cancel this enrollment contract before the completion of five school days or five percent of this Program, or course, whichever occurs first, and to receive a full refund of all monies paid, less actual reasonable administrative costs up to \$50 and actual reasonable costs of non-reusable supplies or equipment. **Refund Amount: \$_____**

You have the right to cancel this enrollment contract if a school allows you to begin participation in a Program while an initial award for financial aid, including student loans, is pending, and you are subsequently denied some or all of that student loan or financial aid amount, the School shall offer you, in writing, an opportunity to terminate the enrollment agreement with a full refund of all Monies Paid, less actual reasonable administrative costs as defined under M.G.L. c. 255, s. 13K.

STUDENT'S SIGNATURE: _____ DATE: _____

PRINT STUDENT'S NAME: _____

IF THE STUDENT IS UNDER THE AGE OF 18,

PARENT/GUARDIAN: _____ DATE: _____

PRINT PARENT/GUARDIAN'S NAME: _____

STUDENT IDENTIFICATION VERIFIED BY SCHOOL OFFICIAL (initials) _____ DATE _____

SCHOOL OFFICIAL'S SIGNATURE: _____ DATE: _____

PRINT SCHOOL OFFICIAL'S NAME: _____

I, the student, have received a completed and signed copy of this agreement on date: _____

____ (student's initials)